

New Jersey Individual Health Coverage Program Board
Individual Health Coverage Program Carriers

PLEASE CONTACT THE CARRIERS DIRECTLY TO REQUEST AN APPLICATION			
Carrier Name	Web Address	Mailing Address	Phone Number
Aetna Life Ins. Co.	www.aetna.com	1 Farr View, Cranbury, NJ 08512	800-234-8454 x3120
Aetna Health Inc.	www.aetna.com	1 Farr View, Cranbury, NJ 08512	800-234-8454 x3120
AmeriHealth HMO, Inc.	www.amerhealth.com	8000 Midlantic Drive, Mt. Laurel, NJ 08054	800-454-7651
Celtic Life Ins. Co.		233 So Wacker Drive, Chicago, Illinois 60606	800-545-6441
CIGNA HealthCare of NJ, Inc.	www.cigna.com	900 Cottage Grove Road, Hartford, CT 06152	800-462-6633
Health Net of NJ		3501 State Highway 66, Neptune, NJ 07754	800-669-3611
Horizon Blue Cross Blue Shield of NJ	www.horizonblue.com	Three Penn Plaza East - PP09T, Newark, NJ 07105-2200	800-224-1234
Horizon Healthcare of NJ	www.horizonblue.com	Three Penn Plaza East - PP09T, Newark, NJ 07105-2200	800-224-1234
Oxford Health Ins. Co.	www.oxhp.com	PO Box 7081, Bridgeport, CT 06601-7081	800-216-0778 Opt 3
Oxford Health Plans of NJ, Inc.	www.oxhp.com	PO Box 7081, Bridgeport, CT 06601-7081	800-216-0778 Opt 3
United HealthCare Ins. Co.	www.quote.uhc.com	Individual Enrollment, 2 Penn Plaza, 7th Fl, NY, NY 10121	866-223-5802
UnitedHealthcare of New Jersey, Inc. (HMO)	www.quote.uhc.com	Individual Enrollment, 2 Penn Plaza, 7th Fl, NY, NY 10121	866-223-5802



New Jersey Individual Health Coverage Program
High Deductible Plan Options
Available through: Horizon Blue Cross Blue Shield

	Plan C				Plan D				Rate Guarantee
	\$1500 ⁽¹⁾ Deductible	\$1750 ^(2,3) Deduct	\$2250 ⁽¹⁾ Deductible	\$2650 ^(2,3) Deduct	\$1500 ⁽¹⁾ Deductible	\$1750 ^(2,3) Deduct	\$2250 ⁽¹⁾ Deductible	\$2650 ^(2,3) Deduct	
Single Coverage	1,041.00	1,000.66	997.04	955.34	1,437.53	1,386.13	1,361.52	1,306.78	12 mos

	Plan C				Plan D				Rate Guarantee
	\$3000 ⁽¹⁾ Deductible	\$3500 ^(2,4) Deduct	\$4500 ⁽¹⁾ Deductible	\$5250 ^(2,4) Deduct	\$3000 ⁽¹⁾ Deductible	\$3500 ^(2,4) Deduct	\$4500 ⁽¹⁾ Deductible	\$5250 ^(2,4) Deduct	
Other Than Single Coverage									
Adult & Child Coverage	1,632.72	1,549.60	1,493.22	1,404.33	2,255.03	2,151.00	2,039.11	1,924.91	12 mos
Two Adults Coverage	2,194.34	2,082.49	2,006.82	1,887.38	3,030.48	2,890.73	2,740.28	2,586.87	12 mos
Family Coverage	2,303.94	2,186.76	2,107.04	1,981.65	3,182.11	3,035.34	2,877.36	2,716.20	12 mos

> The above rates are monthly rates and are in effect for new business and renewals which occur during the month shown at the top of this page.

> Contact Horizon Blue Cross Blue Shield or your agent for rates for subsequent months.

> Deductibles (and out-of-pocket maximums) are subject to change each calendar year to reflect the IRS inflation-adjusted indexed amount.

⁽¹⁾ These deductibles are still available, however they no longer qualify as High Deductible Plans that may be used in conjunction with an MSA.

⁽²⁾ These deductibles are available through December 31, 2005 as High Deductible Plan options using inflation-adjusted amounts, however an MSA may not be established with these plans.

⁽³⁾ The out-of-pocket maximum for this plan is \$3,500, which includes the deductible.

⁽⁴⁾ The out-of-pocket maximum for these plans is \$6,450, which includes the deductible.

> The deductible and out-of-pocket maximum amounts shown above update the information found on page 21 of the IHC Buyer's Guide.